PIGESTIT (10.08)

Approved for use through 06/20/2010. US Detains and Trademark Office, U.S. (PERATMENT OF COMMERCE

Under the Pagement Reduction Act of 1995, no person are required to respond to a collection of information unless it display as wall COMIS control of the Commerce of the

Effective on 12 Fees pursuant to the Consolidated Ann					Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL			1 ippiroation 1 tolliooi		09/012,904-Cd	9/012,904-Conf. #2693			
			, , ,		January 23, 19	,			
For FY 2009			First Named Inv		Harry M. Meade				
					M. S. Noble				
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 1632						
TOTAL AMOUNT OF PAYMENT (\$) 1,110.00			Attorney Docket No. G0744.70014US02						
METHOD OF PAYMENT (check all that apply)									
Check X Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number 23/2825 Deposit Account Name Wolf, Greenfield & Sacks, P.C.									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
x Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND									
	FILING FEES Small Entity		ARCH FEES Small Entity	EXAM	NATION FEES Small Entity				
	(S) Fee (S)	Fee (S	Fee (\$)	Fee (\$	Fee (\$)	Fees	Paid (\$)		
	30 165	540	270	220	110				
	20 110	100	50	140	70				
	20 110	330	165	170	85				
	30 165	540	270	650	325				
	20 110	0	0	0	0				
2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$)									
Fee Description Each claim over 20 (including Reissues)						52	26		
Each independent claim over 3 (including Reissues)						220	110		
Multiple dependent claims				390	195				
Total Claims			ee Paid (\$) Multiple Dependent Claims			<u>s</u>			
x = Fee (\$) Fee Paid (						\$)			
HP = highest number of total claims paid for, if greater than 20							_		
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)									
or HP = X = HP = highest number of independent claims pard for, if greater than 3.									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See \$3 U.S.C. 4 (fall (UG) and 37 CFR 1.165).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
100 = /50 = (round <b>up</b> to a whole number) x =									
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filling surcharge): 1253 Extension for response within third month 1,110.00									
SUBMITTED BY									
Janice A. Valland, Ph.D./			Registration No. (Attorney/Agent)	Attorney/Agent) 52,318 Telephone 617.646.800			6.8000		
Name (Print/Type) Janice A. Vatland, Ph.D.					Date	Decembe	r 1, 2009		
	<u> </u>								

Certificate of Electronic F		
I hereby certify that this paper (along with any paper referred to as being a system in accordance with § 1.6(a)(4).	ttached or enclosed)	is being transmitted via the Office electronic filing
Dated: December 1, 2009	Signature	(Danielle Calder/